

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2006 08:00 AM
Secretary of State

DOCUMENT # M52542

1. Entity Name
MCINNIS AUTO ELECTRIC, INC.



Principal Place of Business
1121 NW 31ST AVENUE
FT. LAUDERDALE, FL 33311

Mailing Address
6020 NW 25 COURT
SUNRISE, FL 33313



05082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2824516 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, MARTIN
20610 SW 90 AVE
FORT LAUDERDALE, FL 33324

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MCINNIS, DENZIL
STREET ADDRESS	6020 NW 25 COURT
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	SD
NAME	MAYLO, MCINNIS
STREET ADDRESS	6020 NW 25 COURT
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	PD
NAME	MCINNIS, COLIN
STREET ADDRESS	6020 NW 25 COURT
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	TD
NAME	MCINNIS, NEWSETTI
STREET ADDRESS	6020 NW 25 COURT
CITY-ST-ZIP	SUNRISE, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80092-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. U. McInnis 12 May 06 954-993-4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MAYLO MCINNIS Date Daytime Phone #